

NEW HAMPSHIRE BALANCE OF STATE CONTINUUM OF CARE 11/9/2016 MEETING NOTES

WELCOME AND INTRODUCTIONS –

Martha Stone welcomed everyone. Introductions were made. Ballots were passed out to the agencies regarding the election of three executive committee members.

BHHS UPDATES –

Staff Update – Positions at BHHS are being filled and there was a promotion within the bureau.

Sub-committee meetings – Melissa will be emailing out a list of previously formed Balance of State's sub-committees and work groups in hopes that these groups can be re-formed. She is looking for volunteers with fresh input.

BUREAU OF DRUG AND ALCOHOL SERVICES

Joe Harding presented information about the bureau's current initiatives regarding substance abuse disorders. Joe referred folks to the Treatment Resource Guide that provides a listing of state-funded substance use disorder or alcohol and drug use disorder treatment options. Substance use disorders (SUDs) are preventable and treatable, and the state is implementing a comprehensive and lasting response to address this epidemic. The website link for learning more about the program is found on: <http://www.dhhs.nh.gov/dcbcs/bdas/documents/resource-guide-treatment-10132016.pdf>.

The NH Alcohol and Drug Treatment Locator is a website directory where visitors can locate alcohol and drug treatment service providers in New Hampshire who offer assessments, withdrawal management, outpatient counseling, residential treatment, recovery supports and other services.

Some of the services that are provided are:

- Outpatient: Outpatient (OP) programs typically require regular counseling services at a clinic or facility and allow clients to return to their homes or other living arrangements during non-treatment hours.
- Medication-Assisted Treatment: Medication-Assisted Treatment (MAT) combines behavioral therapy and medications to treat substance use disorders
- Intensive Outpatient: Intensive Outpatient (IOP) programs typically require participants to have a minimum of nine hours of therapeutic contact per week. An IOP may be structured for individual and / or group services and activities, according to an individualized treatment plan.
- Outpatient Withdrawal Management: Outpatient Withdrawal Management (OWM) is often provided by a physician's office, addiction treatment facility, or by home health care agency. Although the service is medically supervised, clients are permitted to return to their homes or other living arrangements during non-treatment hours. It is important that clients are motivated for treatment and have adequate in-home and community supports.
- Partial Hospitalization: Partial hospitalization is a combination of 20 or more hours per week of group and individual sessions in conjunction with medical and psychiatric services, psychopharmacological services, medication-assisted treatment, recovery support services and 24-hour crisis services. Residential

BUREAU OF DRUG AND ALCOHOL SERVICES (Continued)

- **Low Intensity:** Low-Intensity (LI) residential treatment is designed to prepare clients to become self-sufficient in the community. Services include at least five hours of clinical services per week. Adult residents typically work in the community and may pay a portion of their room and board.
- **High Intensity:** High-Intensity (HI) residential treatment is designed to assist individuals who require a more intensive level of service in a structured setting including individual and/or group counseling, educational sessions, psychiatric, medical and medication management, as needed.
- **Pregnant & Parenting Women:** Pregnant & Parenting Women (PPW) treatment is specifically designed for expectant and parenting women with residential facilities that have been developed using a family-centered approach, and many times allow mothers to care for their young children on-site.
- **Withdrawal Management:** Residential Withdrawal Management (WM) is designed for clients who require 24-hour monitoring of their withdrawal symptoms, a structured, safe environment, and ongoing clinical and / or medical supervision. The length of stay is determined by an individual's needs and the severity of his or her withdrawal symptoms.
- **Residential Medication-Assisted Management:** Residential Medication-Assisted Treatment (RMAT) combines behavioral therapy and medications to treat substance use disorders in a supervised clinical facility.
- **Specialty Open Doors Program:** The Open Doors Program (SPOD) provides a wide range of services – including residential treatment services, outpatient treatment with supportive housing services, outpatient treatment with housing stabilization services, weekly individual or group counseling, case management and wrap-around services – to assist families reduce and remove barriers preventing them from fully participating in the work force and in the larger community.

Advisory Group of CoC Members to HUD – Vote on CoC Involvement

Laurel Redden from Housing Action in NH presented information about HUD's current Five topics for review:

- **Switch to a multi-year application and simplified annual updates,** like the Consolidated Plan. A multi-year funding cycle would allow communities to focus on strategies to end homelessness rather than on the development of annual applications.
- **Reward higher performing CoCs by granting five-year renewals,** subject to appropriation, and target poor performers with technical assistance and project changes.
- **Support better strategic planning at the CoC level with multi-year planning grants.** Good planning processes to end and prevent homelessness require more time to implement than is possible through one-year grants.
- **Set a consistent schedule for the release of HUD's CoC NOFA and application deadlines,** during a timeframe separate from other HUD required deadlines and field office monitoring visits.
- **Simplify and streamline data reporting to measure CoC performance and homeless trends,** keeping in mind available HUD funding, realistic data system capabilities, and staffing.

FUTURE TOPICS

Melissa encouraged the members to come together and think of ways that we can all share experiences together so we can work together to provide the best services and share information effectively.

EXECUTIVE COMMITTEE NOMINATIONS/VOTING

Elected Executive Committee

- Barry Quimby, Housing Director for Center for Life Management was reelected for a second term.
- Laurie Tyler the Director of New Initiatives for HSS and SUD Southwestern Community Services was elected
- The third selection was Arolyn Chappell, Director of Friends Emergency Program.

Congratulations and thank you for your continued support!

NEXT FULL BOSCO MEETING – January 10, 2017 (10:00 – 12:00pm)

If you know of anyone who should be on the email list for the Balance of State information please let me know so I can add them.

Betsy O'Connor
of Homeless and Housing Services